

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/06425

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33		2		1		
34		2		1		
35	1		1	2		
36	1		1			
37	1		1			
38	1		1			
39		2		1		
40		2		1		
41		2		1		
42		2		1		
43		2		1		
44		2		2		
45		2		2		
46	1			2		
47		1				
48		2				
49		2				
50	1		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1	1		1		
54		1				
55	1			1		
56		1				
57				1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	15		9			
TOTAL DEP.	46		32			
TOTAL CLAIMS	61		41			

Laurel